PATENT APPLICATION DECLARATION AND POWER OF ATTORNEY

I HEREBY DECLARE THAT:

My residence, post office address, and citizenship are as stated below.

is attached hereto;

I believe I am the original, first, and sole inventor (if only one name is listed) or an original, first, and joint inventor (if plural names are listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled FOLDED ROLL PRODUCT AND METHOD AND APPARATUS FOR MAKING AND USING THE SAME, the specification of which:

<u>X</u> w	vas filed onvas amended on	as	Application Serial No (if applicable).	and	
I hereby state that I have re- amendment referred to her		d the contents of the a	bove-identified specification	on, including the claims, as amended by an	ıy
I acknowledge the duty to application, as defined in 7	disclose information Fitle 37, Code of Fede	to the Patent and Tra- eral Regulations, Sec.	demark Office known to n 1.56.	ne to be material to the patentability of th	is
to be true; and further that	these statements were or both, under Sectio	made with the known n 1001 of Title 18 o	ledge that willful false state f the United States Code a	made on information and belief are believe ements and the like so made are punishab and that such willful false statements ma	le
I hereby appoint the follow in the United States Patent	ing as my attorneys or and Trademark Offic	agents with full powers connected therewit	er of substitution to prosecu h:	ute this application and transact all busines	SS
Dolo Dani Josej	nael A. Hierl bres T. Kenney fel J. Deneufbourg ph M. Kuo fid A. Gottardo	Reg. No. 29,807 Reg. No. 31,269 Reg. No. 33,675 Reg. No. 38,943 Reg. No. 46,736	Ame M. Olson Talivaldis Cepuritis Seymour Rothstein Martin J. Corn Robert J. Ross	Reg. No. 30,203 Reg. No. 20,818 Reg. No. 19,369 Reg. No. 35,847 Reg. No. 45,058	
whose mailing address for this application is:		OLSON & HIERL, LTD. 20 North Wacker Drive, 36th Floor Chicago, Illinois 60606 Telephone: (312) 580-1180			
Full name of SOLE or FIRST inventor CitizenshipUnited States Residence		RR #2, Box 100B			
Mailing Address (If diffe					_
Inventor's signature:			Date:		_
Full name of SECOND j Citizenship	oint inventor, if any Residence				- -
Mailing Address (If diffe	erent)	14,00			_
Second Inventor's signat	ture:		Date:		_
Full name of THIRD join	nt inventor, if any _ Residence _				- -
Mailing Address (If diffe	erent)			distribution and the second se	-
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